

 <b>Department of Veterans Affairs</b>		REGIONAL OFFICE OR CENTER
<b>COUNSELING RECORD - PERSONAL INFORMATION</b>		DATE
<p><b>PRIVACY ACT INFORMATION:</b> The information this form requests is authorized under 38 U.S.C. 501(a). We need it for educational and vocational planning to help you make the best use of your education benefits. We may disclose it outside the Department of Veterans Affairs (VA) only if the Privacy Act authorizes the disclosure, including the routine uses in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Rehabilitation Records - VA, published in the Federal Register. The requested information is relevant and necessary to determine your maximum benefits under the law. Information you submit is subject to verification through computer matching programs with other agencies. We may compare the income and employment information you furnished with information we obtain from the Secretary of Health and Human Services or the Secretary of the Treasury under clause (viii) of section 6103 (1) (7) (D) of the Internal Revenue Code of 1986. We may use any information you provide, including your Social Security Number, in matching programs in connection with any proceeding for the collection of an amount you owe the United States by virtue of your participation in any benefit program which VA administers.</p> <p><b>RESPONDENT BURDEN:</b> Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the VA Clearance Officer (723), 810 Vermont Ave., NW, Washington, DC 20420; and to the Office of Management and Budget, Paperwork Reduction Project (2900-0092), Washington, DC 20503. Do NOT send requests for benefits to these addresses.</p> <p><b>NOTE:</b> If additional space is needed for any items, attach separate sheets. Please complete Sections A through D and, if applicable to you, Section E and/or F.</p>		
<b>SECTION A - GENERAL</b>		
1. FIRST NAME - MIDDLE NAME - LAST NAME		2. ADDRESS (Number and street or rural route, City or P.O., State and ZIP Code)
3. VA FILE NUMBER	4. SOCIAL SECURITY NO.	5. DATE OF BIRTH
6. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		7. TELEPHONE NUMBERS A. HOME B. WORK
8. YOUR MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED		9. AGES OF YOUR CHILDREN (If any)
10. WHAT QUESTIONS OR CONCERNS WOULD YOU LIKE TO DISCUSS WITH YOUR COUNSELOR?		
11. NAME ANY KIND OF EDUCATION OR WORK IN WHICH YOU THINK YOU MIGHT BE INTERESTED (If you have specific plans, tell what they are)		
<b>SECTION B - EDUCATION AND TRAINING</b>		
12. CIRCLE HIGHEST GRADE COMPLETED (13 and above indicate full years of college-level education) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 or more	13. NAME AND ADDRESS OF LAST SCHOOL ATTENDED	14. DATES ATTENDED A. FROM B. TO
15. OTHER TRAINING (Include civilian and military)		
16. NAME ANY SCHOOL SUBJECTS OR ACTIVITIES WHICH HAVE INTERESTED YOU SO MUCH THAT YOU MIGHT LIKE TO USE THEM IN YOUR FUTURE WORK		
<b>SECTION C - SPARE TIME ACTIVITIES</b>		
17. LIST ANY HOBBIES OR OTHER SPARE TIME ACTIVITIES (Such as sports, church, drawing, collecting, hospital volunteer, etc.)		
18. HOW MUCH DO YOU READ IN YOUR SPARE TIME? (Check applicable box) <input type="checkbox"/> VERY LITTLE <input type="checkbox"/> SOME <input type="checkbox"/> A GREAT DEAL		
19. WHAT ARE YOUR MAIN READING INTERESTS? (Such as sports, fiction, poetry, politics, history, social science, natural science, etc.)		